

Complete if Known

Application Serial Number 09/289,507
 Filing Date April 9, 1999
 First Named Inventor Drzaic et al.
 Group Art Unit 2673
 Examiner Name Nguyen, J.
 Attorney Docket No. INK-039

RECEIVED
 MAY 31 2001
 Technology Center 2600

FREE TRANSMITTAL
FY 2001

METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
3. ☒ Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity

Fee (\$)	Fee Description	Fee Paid
710	Utility filing fee	
320	Design filing fee	
150	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 18.00 =	
Independent Claims	- 3 =		x \$ 80.00 =	

☐ Multiple Dependent Claim(s), if any \$270.00 =

TOTAL:
 SMALL ENTITY DISCOUNT:
 SUBTOTAL (1) (\$) 0.00

2. AMENDMENT CLAIM FEES

	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	44	- 37 =	7	x \$ 18.00	126.00
Indep.	2	- 5 =	0	x \$ 80.00	0
				+ \$270.00	

TOTAL: (\$126.00)
 SMALL ENTITY DISCOUNT: (\$63.00)
 SUBTOTAL (2) (\$63.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	55.00
390	195	Extension for reply within second month	
890	445	Extension for reply within third month	
1,390	695	Extension for reply within fourth month	
1,890	945	Extension for reply within fifth month	
310	155	Notice of Appeal	
310	155	Filing a brief in support of an appeal	
270	135	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional Applications	
180	180	Submission of Information Disclosure Statement	
710	355	Filing a submission after final rejection (37 CFR 1.129(a))	
710	355	For each additional invention to be Examined (37 CFR 1.129(b))	

Other fee (Specify)

SUBTOTAL (3) (\$) 55.00

SUBTOTAL (1) 0.00

SUBTOTAL (2) 63.00

SUBTOTAL (3) 55.00

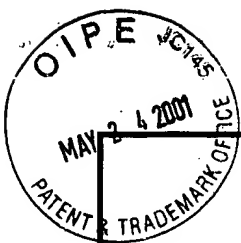
TOTAL (\$) 118.00

CORRESPONDENCE ADDRESS

Direct all correspondence to:
 Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower-125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,
 Date: May 24, 2001
 Reg. No.: 47,411
 Tel. No.: (617) 248-7102
 Fax No.: (617) 248-7100
 Michael J. Bastian
 Attorney for the Applicants
 Testa, Hurwitz & Thibault, LLP
 High Street Tower-125 High Street
 Boston, MA 02110

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Express Mail Label No.: EL825370794USTRANSMITTAL
FORM

Application Serial Number	09/289,507
Filing Date	April 9, 1999
First Named Inventor	Drzaic et al.
Group Art Unit	2673
Examiner Name	Nguyen, J.
Attorney Docket No.	INK-039

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ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form
<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Supplemental Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)
<input type="checkbox"/> Formal Drawing(s)
<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Associate Power of Attorney |
|--|---|--|

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